

FRG Data Base Information		
LAST NAME:	FIRST NAME:	MI
SSN:	RANK:	UNIT/ MITT TEAM:
DOB:	DATE OF RANK:	IBA SIZE:
SHIRT SIZE:	GLOVE SIZE:	PANT SIZE:
BOOT SIZE:	HAT SIZE:	ETS DATE:
PEBD DATE:	DATE ARR. @ FRK:	MARITAL STATUS:
Family Care Plan on File:	POV DATA:	POV STORAGE:
OWN POW:	Property Storage Location & POC (if off post and or private party):	Mil. Drivers Lic. (Types):
Civ. Drivers Lic. (State/No.)	Soldiers Address:	Religion:
Primary Next of Kin:	Relationship:	PNOK PHONE:
PNOK ALT Phone:	PNOK EMAIL:	Is Spouse leaving area during drployment:
PNOK Address:	PNOK Alt. Address:	PNOK Work and Phone:
PNOK Primary Language:	Local friend or relative #1, to provide comfort to PNOK in emergency. Name, Address, Phone:	POV Description:

Local friend or relative #2, to provide comfort to PNOK in emergency. Name, Address, Phone:	Secondary Next of Kin #1:	SNOK1 Phone:
SNOK1 Close friend or relative:	SNOK1 Language:	SNOK1 Address:
SNOK1 Work location and Phone:	Local friend or relative in case of an emergency: Name, Address, Phone:	SNOK1 POV Description:
Secondary Next of Kin # 2:	SNOK2 Phone:	SNOK2 Close friend or relative:
SNOK2 Language:	SNOK2 Address:	Local friend or relative in case of an emergency: Name, Address, Phone:
SNOK2 Work location and Phone:	SNOK2 POV Description:	Children from CRNT Marriage; Name, DOB, School and/or Day Care:
Other Children Info.:	Long Term Care Provider for Children; Name, Address, Phone:	Family Members with Special Needs; Name and specify special care needed:
Short Term Care Provider for Children; Name, Address, Phone:	Special Needs for Short Term Care:	Special Needs for Long Term Care:

Do you own Pets:	If YES, what type and how many:	Pet Care Provider; Name, Relationship, Address and Phone:
Concerns or considerations for any notification (to include people requested to have present at time of notification, include contact info.):		
Please Print the <u>FIRST</u> and <u>LAST</u> name of the person you would like to have access to vFRG. This person MUST know the last 4 of <u>YOUR SOCIAL SECURITY NUMBER</u> .		
List any specific wishes for memorial and/or funeral:		
Return to Delta Company 2nd Platoon		

Blood Type:	Hair Color:	Eye Color:
Duty Position:	Place of Birth:	MOS:
Promotion Status/ Eligible Date:	Your Phone Number:	NCOER/OER Thru Date
Last Unit:	Last Duty Position:	
Awards:		
Kevlar Size:	PROMASK Size:	JSList Pant Size:
JSList Shirt Size:	Overboot Size:	JSList Glove Size:
Ethnic Group:		